Oral Care

732.1 PURPOSE AND SCOPE

The intent of this policy is to ensure that inmates have access to dental care and treatment for serious dental needs. While the focus of this policy is primarily on urgent and emergent dental care, as with medical or mental health care, dental care is available based upon patient need.

732.1.1 DEFINITIONS

Definitions related to this policy include:

Infection control practices - Are defined by the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC) as including sterilizing instruments, disinfecting equipment and properly disposing of hazardous waste.

Oral care - Includes instruction in oral hygiene, examinations and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

Oral examination - Includes taking or reviewing the patient's oral history, an extra-oral head and neck examination, charting of teeth and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination.

Oral screening - Includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.

Oral treatment - Includes the full range of services that in the supervising dentist's judgment are necessary for proper mastication and for maintaining the inmate's health status.

732.2 POLICY

It is the policy of this office that oral care is provided under the direction of a dentist licensed in this state and that care is timely and includes immediate access for urgent or painful conditions. There are established priorities for care when, in the dentist's judgment, the inmate's health would otherwise be adversely affected.

732.3 ACCESS TO DENTAL SERVICES

Emergency and medically required dental care is provided to each inmate upon request. Dental services are not limited to extractions. It is the goal of dental services to alleviate pain and suffering, ensure that inmates do not lose teeth merely as a consequence of incarceration and to provide appropriate dental service whenever medically required to maintain nutrition.

Access to dental services should be as follows:

(a) All inmates wishing to see the dentist for a non-emergency issue shall complete a sick call form. Requests should be triaged according to the nature and severity of the problem and should be seen by a dentist according to assigned priority. Inmates

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requesting dental services on weekends or after hours will initially be evaluated by a qualified health care professional and referred appropriately.

(b) If an inmate suffers obvious trauma or other dental emergency, the qualified health care professional may arrange for immediate access to a dentist or may transfer the inmate to an emergency room for treatment.

(c) Inmates who are furloughed or sentenced to work release or another form of community release may see their own dentist pursuant to approval of scheduling arrangements with facility medical and custody staff. The inmate will be financially responsible for any payment. The Office is under no obligation to transport the inmate to this appointment.

(d) Records documenting all dental treatment should be maintained in the inmate's medical record file and retained in accordance with established records retention schedules. Examination results should be recorded on a uniform dental record using a numbered system.

(e) Medications prescribed by a dentist should be administered in accordance with pharmacy procedures and documented in the inmate’s medical record.

(f) Necessary dental services identified by a dentist that are not available on-site should be provided by referral to community resources as deemed necessary by the facility dentist.

732.4 DENTAL CARE OPTIONS

Inmates should be offered a dental screening by a qualified health care professional or a dentist within 14 days of incarceration, unless such a screening was completed within the past six months. This dental screening should include an evaluation of the current dental status and instruction on oral hygiene and preventive oral education.

Inmates should be offered a dental examination, supported by diagnostic X-rays if necessary, by a dentist within 12 months of incarceration.

Inmates who are scheduled to be incarcerated for less than 12 months should have access to the treatment of dental pain, fillings, extractions of non-restorable teeth, cleaning and treatment of symptomatic areas and repair of partials and dentures.

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